

Emergency and Consent Form

No Change of Information: If you have previously completed this form and your information has not changed, you only need to check the corresponding box on the registration form.

Parent's Name	Cell Phone
Children's Names	
Emergency Contact with phone number	
Doctor's Name and Phone	
Insurance Company, Policy Number, Group Number	
Medical Consideration or Allergies (specify child)	

Consent

_____ I give permission for my child(ren) to participate in any activity sponsored by the Omaha Homeschool Learning Center as it relates to classes that I have enrolled my child(ren) in.
Initial

_____ I give permission for the Omaha Homeschool Learning Center to use photos of my children engaged in Learning Center activities for promotional materials.
Initial

_____ I waive, release, and indemnify the Omaha Homeschool Learning Center, Southwest Church of Christ and its agents, director, officers, employees, and volunteers from all demands, claims, or liabilities, in law or in equity, which have arisen or may arise from any Omaha Homeschool Learning Center activity and which involves any damage, loss, or injury to me, my child(ren) named on this form or our property. In the event that I cannot be reached in an emergency during an Omaha Homeschool Learning Center activity, I hereby give my permission to the physician or dentist selected by the Learning Center supervisor to secure proper medical treatment for any of my children deemed necessary, at no expense to the church or to the Omaha Homeschool Learning Center.
Initial

Child Supervision Responsibility

_____ I understand that I am personally responsible for my child(ren)'s safety and supervision during the times that he/she is attending Omaha Homeschool Learning Center classes.
Initial

Non-Refundable Initial Payment

_____ I understand that the \$20 per class deposit, which will be applied toward the class tuition, is non-refundable and cannot be credited. The deposit will only be refunded if the class is cancelled. I understand that class fees are not refundable.
Initial

Cancelled Class Policy

_____ I understand that in the event that a class is cancelled (due to teacher illness, etc.), the Learning Center will extend the class one extra week.
Initial

Signature of Parent or Guardian

Date